	11/6
	TE BOARD OF HEALTH State File No.
1 PLACE OF RIPTH	OF VITAL STATISTICS Registered No. 20
<i>//</i> .	CERTIFICATE OF BIRTH
County Gila	State Arigona
District or Township	or Village Clayporf
(II piltu occure	
Z. Pull liame of time	th Anderson If child is not yet named, make supplemental report, as directed.
. Sex of Child To be answered ONLY) 4. Twin, triplet	or other 6. Legitimate 1 7. Date of birth 72 1930
8. FATHER Full name alton Don andersor	14. MOTHER
9. Residence (Usual place of abode) Miann Any	onz 15. Residence (Usual place of abode) Mann , Angona
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16. Color or race
White 11. Age at last birthday 13(Y	Years) White 17. Age at last birthday (Years)
12. Birthplace (city or place)	18. Birthplace (city or place) Starton
(State or country) Texas	(State or country)
13. Occupation affair man, surf	19. Occupation Nature of Industry Water of Industry
Nature of Industry Offer mine	
20. Number of children of this mother	orn alive and now living 21. Were precautions taken against oph- thalmia neonatorum?
contilled and including this child.) (c) Sti	illborn
CERTIFICATE OF AT	TENDING PHYSICIAN OR MIDWIFE 2
I hereby certify that I attended the birth of this child, wh	(Born alive or stillborn) (Born was a live or stillborn)
ota should make this return. A stillborn	Med
child is one that neither breathes nor shows other evidence of life after birth.	(Physician of midwife.)
Given name added from a supplementl report Month, day, year	dress Mani Augoro
a supplement report. Month, day, year	Guardin 30 day 6. Down
Registrar.	Registrar.
· Co	10 722-1024